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DATE: August 18, 2005
TO: Examiner Behrang Badii
FIRM: USPTO, Group Art Unit 3621
FAX #: (571) 273-8300
PHONE: (571) 272-6879
FROM: Jeffrey Giunta

**TOTAL NUMBER OF PAGES: 12
(INCLUDING THIS PAGE)**

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MESSAGE:

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Christopher R. VINCENT
Serial No.: 09/976,524

For: *SHARED AUTHORIZATION DATA AUTHENTICATION METHOD FOR TRANSACTION
DELEGATION IN SERVICE-BASED COMPUTING ENVIRONMENTS*

Enclosed are the following:

Transmittal letter (1 page); and Response with Amendment (10 pages)

Docket No.: POU920010113US1

140-A01-010

August 18, 2005

CONFIDENTIALITY NOTE: THE INFORMATION CONTAINED IN THIS TRANSMISSION IS LEGALLY PRIVILEGED AND CONFIDENTIAL, INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION, OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU RECEIVE THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE (COLLECT) AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE LISTED ADDRESS VIA THE U.S. POSTAL SERVICE. WE WILL REIMBURSE YOU FOR POSTAGE AND/OR TELEPHONE EXPENSES INVOLVED. THANK YOU.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of : Atty. Docket No. POU920010113US1
 Christopher R. VINCENT : Group Art Unit: 3621
 Serial No. 09/976,524 : Examiner: Behrang Badii
 Filed: October 10, 2001 : Confirmation No. 1514

For: **SHARED AUTHORIZATION DATA AUTHENTICATION METHOD FOR TRANSACTION DELEGATION IN SERVICE-BASED COMPUTING ENVIRONMENTS**

TRANSMITTAL**MAIL STOP AMENDMENT**

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

SIR:

Transmitted herewith is an amendment in the above-identified application, and the following:

☒ No additional filing fee is required.

The fee has been calculated as shown below. *(Small entity fees indicated in parentheses.)*

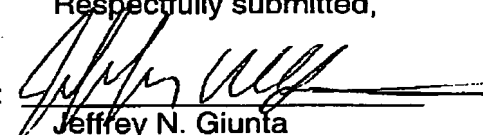
CLAIMS AS AMENDED						
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Claims Remaining After Amendment		Highest Number Previously Paid For	Extra Claims	Rate	Fee
Total Claims <i>(Small Entity)</i>	16	-	33	0	50.00 <i>(25.00)</i>	0
Independent claims <i>(Small Entity)</i>	3	-	9	0	200.00 <i>(100.00)</i>	0
Multiple Dependent <i>(Small Entity)</i>	0	-	0	0	360.00 <i>(180.00)</i>	0
Extension of Time Fee <i>(Small Entity)</i>	One Month \$120 <i>(\$60)</i>		Two Months \$450 <i>(\$225)</i>	Three Months \$1020 <i>(\$510)</i>		0
Total						\$0.00

XX The Commissioner is hereby authorized to charge any required fees to Deposit Account No. 09-0463.

Respectfully submitted,

Date: August 18, 2005

By:


 Jeffrey N. Giunta
 Reg. No. 42,853

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